171 N 1889 D. CHEST POST BARRIES BERTHARD

PTO/S8/05 (1/99)
Approved for use through 9/30/00, OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE collection of Information unions it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

First Inventor		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-				
		TANOZAKI					
Title		CTROMAGNETIC RECIPROCAL DRIVE					
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	Labri	No.							
See MPEP	APPLICATION ELEMENTS Chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231							
2 X S	se transmittal Form ubmit an olighal and a deplicate for fee processing) perfected arrangement set forth below) Descriptive title of the Invention Cross References to Related Applications Statement Regarding Fed Sponsored R&D Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention	Milcrofiche Computer Program (Appendix) Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) Computer readable Copy Paper Copy (identical to computer copy) Statement Verifying Identity of above							
	Brief Description of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS							
3 X D 4. Oath or a. X b. i. 5 Inn Th when the 17. If a CONT	Detailed Description Claim(s) Abstract of the Disclosure rawing(s) (35 USC 113) Total Sheets Total Pages 1 Total Pages 1 Total Sheets 7 1 Declaration Total Pages 1								
Prior application information: Examiner: Group/Art Unit:									
		NDENCE ADDRESS							
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label)									
NAME	J. Rodman Steele, Jr.								
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CITY	West Palm Beach STAT								
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Name J. Rodman Steele, Jr. Registration No. 25,931									

PTO/SB/17 (11-00)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Complete if Known

FEE TRANSMITTAL

for FY 2001				Ī	Application Number								
				ı	Filing Date								
				Ī	First Named Inventor				r T.	TANOZAKI			
Patent fees are subject to annual revision.					Examiner Name								
				ı	Group Art Unit								
TOTAL AMO	UNT OF PAYMENT	\$395.00		7	Attorney Docket Number 1625-118								
	METHOD	F PAYMENT		-	_								
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Account	50-0951	50-0951			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fe	Fee Description			
Deposit Account Name Akerman, Senterfitt & Eidson, P.A.			105	130	205	65	Surcharg	harge - late filing fee or oath					
			127	50	227	25	Surcharg cover she	rcharge - late provisional filing fee or ver sheet					
Charge	Any Additional Fee Requi	red			139	130	139	130	Non-Engl	n-English specification			
(125)	7 CFR 1.16 and 1.17 It claims small entity stat	116			147	2,520				filing a request for reexamination			
See 37	CFR 1.27	00			112	920	112	920	Requestii Examiner	ng publication of action	f SIR prior to		
2. 2	Payment Enclosed:				113	1,840	113	1,840	Requestin	ng publication o	f SIR after Examine		
_1.1	k 🗖 Credit	☐ Money	☐ Other		115	110	215	55	Extension	for reply within	n first month		
Chec	k 🗖 Credit card	☐ Money Order	ы оппа		116	390	216	195	Extension	for reply within	n second month		
100	FEE CAL	CULATION			117	890	217	445		for reply within		.	
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Large Entity	Small Entity				119	310	219	155		tice of Appeal			
Fee Fee (Fee Fee Code (\$)	Fee Description	Fee Paid		120	310	220	155		ng a brief in support of an appeal			
101 710					121	270	221	135	Request	quest for oral hearing			
106 320 107 490		206 160 Design filing fee				1,510		1,510		tition to institute a public use proceeding			
108 710		207 245 Plant filing fee 208 355 Reissue filing fee				110	240	55	Petition t application	rtition to revive unavoidably abandoned plication			
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2. CLAIMS Extra below Fee Paid				Paid	143	440	243	220	Design is	sign issue fee			
7. CLAINS 14-20**= 0 X \$18 =				-	144	600	244	300		nt issue fee			
Independent		X \$80	┥┋├──		122	130	122	130		to the Commiss		<u> </u>	
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** or number	previously paid, if greater	, For reissues see be	low		581	40	581			each patent as		\$40.0	
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103 18		Claims in excess	of 20		Ť					ubmission after 1.129(a))			
102 80		Independent clair		3	149	710	249	355	For each (37 CFR	additional inven 1.129(b))	tion to be examined		
104 270		204 135 Multiple dependent claim				710	279	355		uest for Continued Examination (RCE)			
		over original patent				900	169	900	Request 1 design ap	or expedited ex plication	amination of a		
over original patent					Other fee (specify)								
SUBTOTAL (2) (\$)0.00					' Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)40.00							.00	
SUBMITTED BY							_			Complete (if	applicable)		
Typed or Printed Name	J. Rodman Steele	, Jr.		Reg	istration orney/Ag	No. ent	25,9	31		Telephone	561-653-5000		
								Date	/ /				
Signature	1 6/	2		~							7/11/01		
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